

**REVIEW OF  
BEHAVIORAL HEALTH SERVICES  
PROVIDED BY NEW JERSEY HMOS:  
IMPLEMENTATION OF THE ECHO<sup>™</sup> SURVEY PILOT PROJECT**

**OFFICE OF RESEARCH AND DEVELOPMENT**

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## **Review of Behavioral Health Services Provided by New Jersey HMOs: Implementation of the ECHO™ Survey**

### **EXECUTIVE SUMMARY**

The New Jersey Department of Health and Senior Services (DHSS) received a grant from the Robert Wood Johnson Foundation to field a survey of behavioral health services provided by managed care organizations. This study was the first statewide implementation of a survey designed to collect behavioral health information on a plan specific basis. The project had two objectives: (1) to collect information on the quality of behavioral health services provided through managed care organizations; and (2) to support the development of the Experience of Care and Health Outcomes (ECHO™) survey.

New Jersey regularly provides information on consumer experiences with HMOs through its annual “New Jersey HMO Performance Report”. This project was designed to extend public reporting to include behavioral health services.

The project’s objectives also included supporting development of the ECHO™ survey by Harvard Medical School. The ECHO™ survey is based on the Consumer Assessment of Health Plans Survey (CAHPS®), which is recognized as the standard for assessing consumer experiences with medical care. The DHSS annual HMO performance report uses that instrument. The New Jersey pilot project was part of the field testing done for the ECHO™ survey by the Harvard Medical School development team. The ECHO™ survey is likely to become the standard for reviewing consumer experience with behavioral health care.

DHSS required the state’s seven largest HMOs to participate in the study. One of the project’s primary concerns was maintaining the confidentiality of individual respondents who received mental health and addictions services. It was necessary to address the legal issues around release of this data to DHSS and to assure the confidentiality of member data. A broad-based advisory group was essential in resolving these significant technical and policy issues. New Jersey’s experience demonstrated that it is possible to conduct a statewide survey that adequately protects patient privacy.

The ECHO™ survey measures respondents’ experiences with behavioral health including both global evaluations and specific experiences in following areas:

1. Patterns of access and utilization
2. Satisfaction with counseling and treatment
3. Member satisfaction with involvement in individual treatment plans
4. Experience with MCO administrative actions
5. Perception of perceived improvement in mental health status.

The sampling frame included all recipients of mental health, substance abuse counseling for both in- and out-of-network services combined with a smaller sample of non-users. Overall, 8,993 respondents were selected for the study-7,131 recipients of behavioral health services and 1,862 respondents identified as non-users. The seven major New Jersey HMOs that participated in the study were Aetna-US Healthcare, AmeriHealth, Cigna, Horizon, Oxford, Physicians Health

Services (now Health Net) and United Healthcare. The study was implemented through a contract with the Eagleton Institute's Center for Public Interest Polling at Rutgers University to conduct the survey. The Harvard Medical School ECHO™ development team furnished the survey instrument and participated in the research design (as well as data-analysis).

Due to significant variation in the sample selection process implemented by the plans, this report provides overall state results rather than individual plan results. The analysis must be viewed as preliminary.

The major findings are as follows:

- **Comparison of respondent characteristics:** In comparison to respondents for the 2001 NJ HMO CAHPS® survey, the ECHO™ respondents were younger, more likely to be female, highly educated, white and to self-report poorer physical health.
- **Statewide plan averages:** Respondents give their highest ratings to quality of care or counseling services and their lower ratings to the health plan.
- **Satisfaction with health plan:** Respondents are more satisfied with their plan in regard to physical health care services than behavioral health services as measured in the CAHPS® and ECHO™ surveys.
- **Satisfaction with care :** Using CAHPS® and ECHO™ surveys, plan members rate their behavioral health care and their physical health care in a similar way.
- **Out-of-network versus in-network services:** Persons who receive out-of-network services were more positive about their care but less satisfied with the insurer's administrative process.
- **Addictions versus behavioral health treatment:** Persons who receive treatment for drug or alcohol addictions are more likely to be dissatisfied with their counselors and have a very different view of the treatment process. This is a small subgroup, however, so caution in interpreting this data is in order.
- **Perceived improvement :** Almost half of the users of behavioral health services indicate that they are much better than they were before treatment.

A more complete description of the methodology and results is available in the technical report, "2001 New Jersey Experience of Care and Health Outcomes (ECHO™) Study," prepared for the Department by the Center for Public Interest Polling, Eagleton Institute, Rutgers University.

## **BACKGROUND**

In April, 2001 the Department of Health and Senior Services (DHSS) fielded the nation's first statewide pilot of a survey to assess consumer perceptions of behavior health services provided by managed care organizations. This pilot program was financed by a grant from the Robert Wood Johnson Foundation to study HMOs' provision of behavioral health services. The goals of the project were twofold: (1) to collect information on the use and quality of behavioral health services provided through managed care organizations (MCOs); and (2) to support the development of the Experience of Care and Health Outcomes (ECHO™) survey, previously known as the Consumer Assessment of Behavioral Health Services (CABHS). DHSS regularly provides information on consumer experiences with managed health care through its annual "New Jersey HMO Performance Report". The project was designed to expand that effort to include behavioral health and respond to reported concerns about the provision of these services by HMOs. DHSS partnered in this project with Dr. Paul Cleary of Harvard Medical School, the developers of the ECHO™ survey, the Center for Public Interest Polling, the Eagleton Institute, which conducted the survey, and New Jersey's seven largest HMOs.

The project's objectives also included supporting development of the ECHO™ survey by Harvard Medical School. The ECHO™ survey is based on the Consumer Assessment of Health Plans Survey (CAHPS®), which is recognized as the standard for assessing consumer experiences with medical care. The CAHPS® survey is required by the Center for Medicare and Medicaid Services for all Medicare recipients, by the National Committee on Quality Assurance (NCQA) for accreditation of managed care health insurance plans, and is used in various public reports to measure consumer experiences with health plans. Many measures reported in the "New Jersey HMO Performance Report" are collected through the use of the CAHPS® survey. Several individual Managed Behavioral Health Organizations (MBHOs) participated in a pre-test of the ECHO™ instrument as part of a Harvard Medical School experiment. Minnesota fielded a statewide Medicaid fee-for-service and HMO comparison as part of the development process. However, New Jersey's use of the ECHO™ survey was the first attempt to obtain statewide information on the provision of behavioral health services using this state-of-art instrument at the plan level. It is anticipated that the ECHO™ survey will become the standard for reviewing consumer experiences with behavioral health care.

## **IMPLEMENTATION**

DHSS required the state's seven largest HMOs, accounting for over 95 percent of all enrollees in commercial managed care, to participate in the study. One of the primary concerns in carrying out this pilot project was the issue of confidentiality for persons receiving mental health and addictions therapy. Both DHSS and the HMOs were especially sensitive to confidentiality concerns for HMO enrollees who received these services. As a result, it was necessary to explicitly address the legal issues around release of this data to DHSS, as well as to develop detailed protocols to assure the confidentiality of member data. This proved to be a complex challenge. The Department formed an Advisory Group consisting of representatives of the HMOs, MBHOs, behavioral health care providers, a consumer advocate and other interested parties. The Advisory Group was critical in resolving significant technical and policy issues.

The study design made use of the following unique methods to achieve confidentiality for individual respondents:

- The sample for the survey included a mix of behavioral health users and plan members who did not receive such services (non-users). Behavioral health plan users were drawn from records of members using such services in the 12 months prior to fielding.
- DHSS requested plans to submit two different data files. These files separated respondent identifiers from information about who had received behavioral health services.
- The ECHO™ survey combines questions on behavioral health services with questions on physical health.

Combined, these three procedures helped maintain the confidentiality of individual respondents during survey implementation, since no one who received these files had access to both identifying information and service utilization information. At the same time, the survey itself was designed so that sampled members could self-report their use of behavioral health services and would answer questions based on that self-report.

The ECHO™ survey addressed respondents' experiences with behavioral health services including access to services, the actual experience of receiving the service and overall satisfaction with the process. Using the CAHPS® model, the ECHO™ survey incorporates both global evaluations and evaluations of specific experiences related to the following:

1. Patterns of access and utilization
2. Satisfaction with counseling and treatment
3. Member satisfaction with involvement in individual treatment plans
4. Experiences with MCO administrative actions, i.e., customer service
5. Perception of perceived improvement in mental health status.

The sampling frame included all recipients of mental health, drug and alcohol counseling for both in- and out-of-network providers, combined with a smaller sample of non-users. Overall, 8,993 respondents were selected for the study – 7,131 were identified as recipients of behavioral health services while 1,862 were identified as non-users. The seven major New Jersey HMOs that participated in the survey included Aetna-US Healthcare, AmeriHealth, Cigna, Horizon, Oxford, Physicians Health Services (now Health Net) and United Healthcare. The study included two mailings of the questionnaire followed by a series of phone follow-up calls to non-responders in an effort to complete the survey. The survey fielding occurred between April and June 2001.

New Jersey's experience with the ECHO™ survey was also important in examining some critical technical issues related to the implementation of such a survey. DHSS contracted with the Eagleton Institute's Center for Public Interest Polling at Rutgers University to conduct the survey. The technical issues related to survey fielding are included in a technical report prepared by Eagleton, available upon request. Harvard Medical School not only furnished the survey but also participated in the survey design (as well as data-analysis).

The New Jersey statewide pilot of ECHO™ has successfully demonstrated the feasibility of surveying behavioral health care service users. This project has resulted in a usable template for resolving many technical issues and addressing concerns about study confidentiality. There are, however, important limitations on the findings that result from this first year of data collection. Not unexpectedly, the pilot did not anticipate all the problems that occurred in gathering consistent sampling information. Health plans varied considerably regarding the percentage of all members who meet survey eligibility criteria based on plan membership. Based on the same study protocol, the range of eligible plan members varied from 25% to 86%. This variation does not seem plausible on its face, suggesting instead differing application by plans of the same selection protocol.

Many of these sampling issues were a consequence of conducting such a large study as the first use of the instrument and study protocol. Now that these sampling issues have been identified, future studies will benefit from their resolution.

## **MAJOR FINDINGS**

### **Data limitations**

Due to potential limitations in the plans' sample selection methods, results for individual plans are not reported. Results are reported in terms of the overall average of plan performance, comparison of various subgroups of ECHO™ respondents and comparison of ECHO™ results with previous NJ CAHPS® results.

This analysis must be viewed as preliminary since the ECHO™ survey is based on different groups, including persons using in- and out-of-network providers and both mental health and addictions therapy. These groups have different experiences in obtaining behavioral health services and subsequent analyses will need to further distinguish among their views. Enrollees with a point-of-service (POS) plan have the option for choosing a provider outside the network and would incur additional costs. The MCO has no responsibility for the quality of these out-of-network services. In contrast, the MCO develops the list of providers for in-network services and is responsible for quality oversight. However, the HMO is responsible for administrative services for enrollees using both in- and out-of-network services.

Another limitation in the analysis is the different characteristics of persons who use behavioral and physical health services. A comparison of CAHPS® and ECHO™ study results indicates these two groups have different demographic characteristics (age, gender, education, etc.). Therefore, any comparison of the results of the two surveys must be considered within these limitations. The ECHO™ results presented are averages of the seven plans included in the study unless noted.

### **Statewide plan averages**

The ECHO™ survey includes ratings by respondents who use behavioral health services of the quality of both their health care and their health plan, as well as the time required to access care. Respondents give their highest rating to the quality of care, or counseling services and their lowest rating to the health plan. Those who receive behavioral health services indicate few differences between access to behavioral and physical health services.

**Statewide ECHO™ Plan Performance: Overall Ratings**

	Rating Scale from 0 to 10 (highest)		
	0 to 6	7 or 8	9 or 10
Rating of Quality of Care	21%	47%	32%
Rating of Counseling	21%	34%	45%
Rating of Health Plan	41%	34%	24%
	How Often Scale		
	Never/Sometimes	Usually	Always
Getting Treatment Quickly: All Health Care	20%	34%	46%
Getting Treatment Quickly: Behavioral Health	27%	29%	44%

The survey also includes questions which examine specific characteristics of the behavioral health treatment process. Such information is useful background for future surveys.

**Statewide ECHO™ Plan Performance: Treatment Process**

	Yes	No
Told about medication side effects	19%	81%
Family inclusion	49%	51%
Told about self help groups	70%	30%
Told about test results	11%	89%
Given information to manage condition	19%	81%
Given patient rights information	47%	53%

**Satisfaction with health plan: Physical verses behavioral**

Respondents are more satisfied with their plan in regard to physical health care services than behavioral health services as measured in the CAHPS® and the ECHO™ surveys. As indicated in the table below, 24% of plan members rate their plan highly (a 9 or 10 on a scale from 0 to 10) in the ECHO™ survey compared to 32% of members in the CAHPS® survey as reported in the “New Jersey 2001 HMO Performance Report.” (These results are based on the seven plans which participated in both studies.)

**Comparison of CAHPS® and ECHO™: Ratings of Plans**

Rating Health Plan on a scale from 0 to 10 (highest)	Physical Health CAHPS®	Behavioral Health ECHO™
Members rated plan 9 or 10	32%	24%
Members rated plan 7 or 8	40%	34%
Members rated plan 6 or less	28%	41%

**Satisfaction with care: Physical versus behavioral**

Although plan performance is rated lower for behavioral health services, several quality indicators show that plan members rate their behavioral health care and their physical health care in a similar way. Health plan enrollees are equally satisfied with their quality of physical health care and their counseling and rate their ability to get care quickly the same for physical (45%) and behavioral health (44%).

**Comparison of CAHPS® and ECHO™ Results: Quality of Care**

Rating Quality of Care/Counseling on a scale from 0 to 10 (highest)	Physical Health CAHPS®	Behavioral Health ECHO™
Members rated plan 9 or 10	45%	45%
Members rated plan 7 or 8	39%	34%
Members rated plan 6 or less	15%	21%

**Out-of-network versus in-network services**

Persons who received out-of-network services were more satisfied with their providers but less satisfied with the HMO administrative process. Those using out-of-network providers were much more positive in their assessment of counselors on a variety of indicators. For example 55% of out-of-network respondents rate their counseling a 9 or 10 as compared with 42% of in-network users. However from a member point of view, there are inherent negative aspects to receiving out-of-network care including increased financial liability for treatment and increased paperwork. Because of this, it is not surprising that out-of-network service users were less likely to give their health plans positive ratings than in-network users.

**Comparison of Out-of-Network and In-Network Results\***

	Out-of-Network	In-Network/Both
Rating of counseling (% 9 or 10)	55%	42%
Wait more than 15 minutes (% never)	74%	61%
Counselor spends enough time (% always)	65%	54%
Rating of health plan (% 9 or 10)	13%	27%
Customer service (% no problem)	33%	54%
Had paperwork (% yes)	48%	28%

\*Percentages are averages of all eligible respondents.



### Addictions treatment versus other behavioral treatment

Persons who receive treatment for drug or alcohol addiction (6% of total) are more likely to be dissatisfied with their counselors than are persons who receive mental health therapy. In fact, this group has a very different perspective on the treatment experience. For example, users of drug-alcohol counseling services were less likely to believe that the counselor listened carefully or explained things but more likely to wait more than 15 minutes for an appointment and get someone new for counseling. Respondents receiving treatment for drug and alcohol treatment are a comparatively small subgroup of the sample, so caution is warranted in interpreting these findings. Nevertheless, these findings suggest further research in this area would be useful.

### Perceived improvement

A composite rating item was constructed to gauge the self-perceived improvement of plan members over the preceding 12 months, with respect to their ability to deal with daily problems, crisis situations, social situations, and their ability to accomplish things and to deal with their symptoms. Almost half of all users of health services (45%) indicate that they are “much better” than they were before in dealing with these issues. All seven plans performed similarly on this measure.

### Comparison of respondent characteristics

There are differences between users of physical and behavioral health services as measured by two different sources. In comparison to respondents for the 2001 CAHPS® survey, the ECHO™ respondents were younger, more likely to be female, highly educated, white, and to self-report poorer physical health. In comparison to the small sample of non-users included in the ECHO™ survey, behavioral health users are more likely to self-report poorer health and much more likely to use services frequently. At the same time, they are more critical of the care they receive.

#### Comparison of ECHO™ Users and Non-Users of Behavioral Health Services\*

	Users of Behavioral Health Services	Non-Users of Behavioral Health Services
Rating of overall health status (% fair/poor)	16%	9%
See doctor for regular care (% yes)	95%	82%
Number of times doctor seen (% 5+ times)	53%	29%
Rating all providers on quality (% 9 or 10)	32%	39%

\*Percentages are averages of all eligible respondents.

A complete description of the study methodology and results is found in the technical report, “2001 New Jersey Experience of Care and Health Outcomes (ECHO™) Study,” prepared by our consultant, the Center of Public Interest Polling, Eagleton Institute, Rutgers University.